

03-05-04

\$ 1616

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66782-039 (P-AM 5585)	
SERIAL NO: 09/670,537	FILING DATE: September 27, 2000	EXAMINER: D. Jones	GROUP ART UNIT: 1616 CONFIRMATION NO.: 6771
DIAGNOSTIC PROBES AND THERAPEUTICS TARGETING uPA AND uPAR			

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450



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CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER EV 400 552 438 US

DATE OF DEPOSIT: March 3, 2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

*Pam Choi*  
TYPED NAME OF PERSON MAILING PAPER OR FEE:

*Pam Choi*  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Communication mailed November 6, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for One-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	16	49	0	x \$9	\$18	= \$0.00	\$0.00
INDEPENDENT CLAIMS	3	3	0	x \$42	\$84	= \$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO	\$140	\$280	= \$0.00	\$
				TOTAL ADDITIONAL FEE		\$0.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

X Please charge my Deposit Account No. 502624 the amount of \$55.00 for the one-month extension of time.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Mazar and Jones.  
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X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: March 3, 2004

Pamela M. Guy

Pamela M. Guy  
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